

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE

IN THE UNITED STATES	<input type="checkbox"/> DISTRICT COURT	<input type="checkbox"/> COURT OF APPEALS	<input type="checkbox"/> OTHER (Specify below)	FILED
IN THE CASE OF USA v. <u>Oliver Doff</u>				LOCATION NUMBER <u>JUL 09 2014</u>
FOR AT				
PERSON REPRESENTED (Show your full name) <u>Oliver Doff</u>				CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF MISSOURI EAST ST. LOUIS OFFICE 1 <input checked="" type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff <input type="checkbox"/> Juvenile <input type="checkbox"/> Probation Judge 2 <input type="checkbox"/> Defendant - Juvenile <input type="checkbox"/> Plaintiff <input type="checkbox"/> Appellant 3 <input type="checkbox"/> Appellant <input type="checkbox"/> Probation Violator 4 <input type="checkbox"/> Probation Violator <input type="checkbox"/> Supervised Release Violator 5 <input type="checkbox"/> Supervised Release Violator <input type="checkbox"/> Habeas Petitioner 6 <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> 2255 Petitioner 7 <input type="checkbox"/> 2255 Petitioner <input type="checkbox"/> Material Witness 8 <input type="checkbox"/> Material Witness <input type="checkbox"/> Other (Specify) _____ 9 <input type="checkbox"/> Other (Specify) _____
CHARGE/OFFENSE (describe if applicable & check box →) <u>Conveying a False Threat</u>				<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY				
EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Self-Employed			
	Name and address of employer: _____			
IF YES, how much do you earn per month? \$ _____		IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____ <i>early 90's</i>		
If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____		
IF YES, how much does your spouse earn per month? \$ _____				
INCOME & ASSETS	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	OTHER INCOME		RECEIVED	SOURCES
IF YES, give the amount received and identify the sources \$ _____				<i>hrs worked at local stores / 1 hr sweeping floors, for about \$0/day</i>
CASH	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, total amount? \$ _____			
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	IF YES, give value and description for each	VALUE	DESCRIPTION	
	\$ _____ \$ _____ \$ _____			
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS	List persons you actually support and your relationship to them	
	Single Married Widowed Separated or Divorced	Total No. of Dependents <u>1</u>	<i>3 yr old daughter</i>	
DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT	
	<i>0</i>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	

I certify under penalty of perjury that the foregoing is true and correct.

+ Oliver Doff
SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

7/9/14
Date